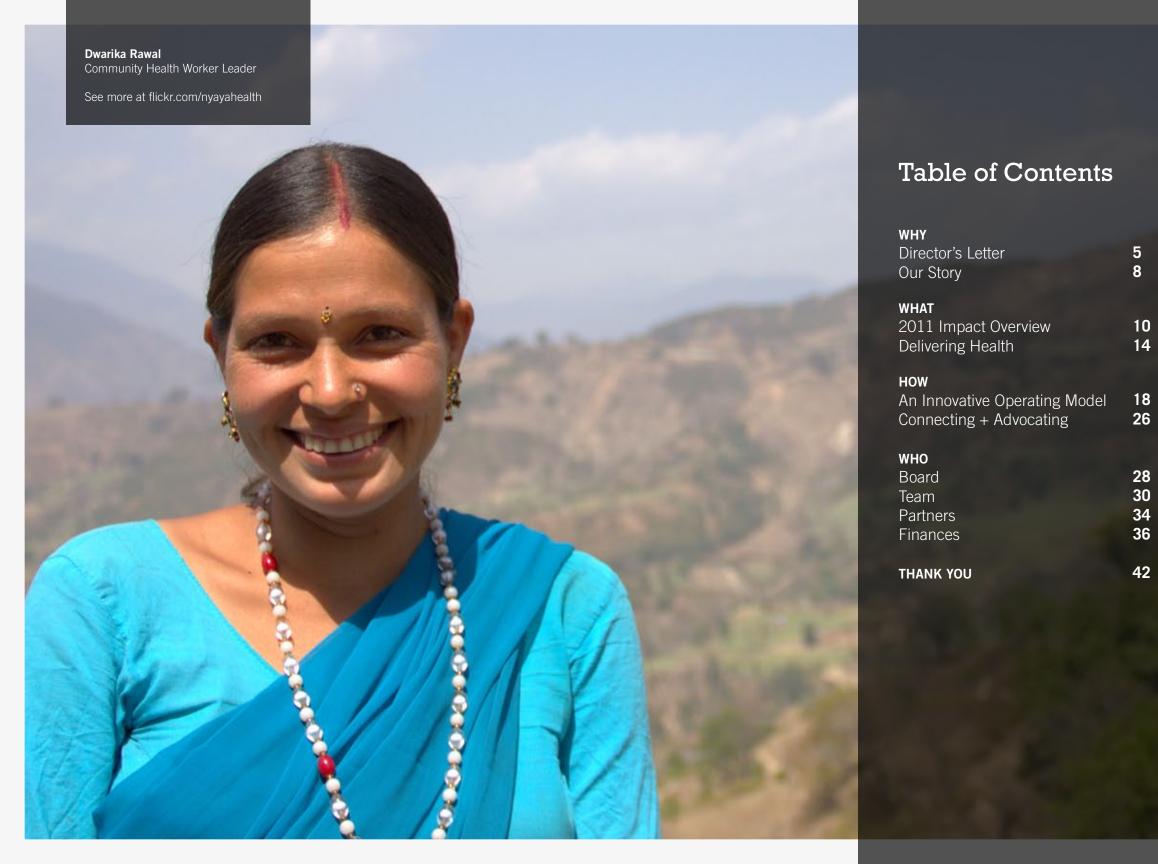


2011 ANNUAL REPORT





A Letter from the Executive Director



Dear Friends,

Within our team, I often speak about 2011 being a moment of inflection. That is to say, our work changed trajectory in dramatic and important ways through a concentrated point in time.

This report is designed to provide reflection on what that inflection has translated into for our patients. It is our humble attempt to summarize the sweat, tears, trials, and triumphs behind our progress that you have enabled by investing in us and sharing our immutable belief that we together can realize the right to health for the rural poor in Nepal.

Most notably, we look entirely different. Our release of this 2011 Annual Report was purposefully delayed until mid-2012 because we wanted it to align with the launch of the new www.nyayahealth.org, which speaks more accurately to the growing organization you have supported us to become.

But please know that we act, in all the critical ways, the same. Our reason for existence

has never wavered. The word "nyaya" itself is rooted in the philosophy of action, with its translation being "the realization of just systems." It is that notion that underpins our mission – to realize the right to health by delivering transparent, data-driven health care for Nepal's rural poor.

What unites us – from patient to partner to board member – is that persistent drive towards delivering a system that honors those that others don't, and in the process, converting skeptics to believers.

Before reading, please take a moment of pause to reflect on the idea that behind each number, there are impassioned stories of determination, of courage, and of the human desire to bring the dignity and opportunity found in health to loved ones and strangers alike.

We thank you for your incredible support thus far, and invite you to help us shape the many other inflection points that are sure to follow.

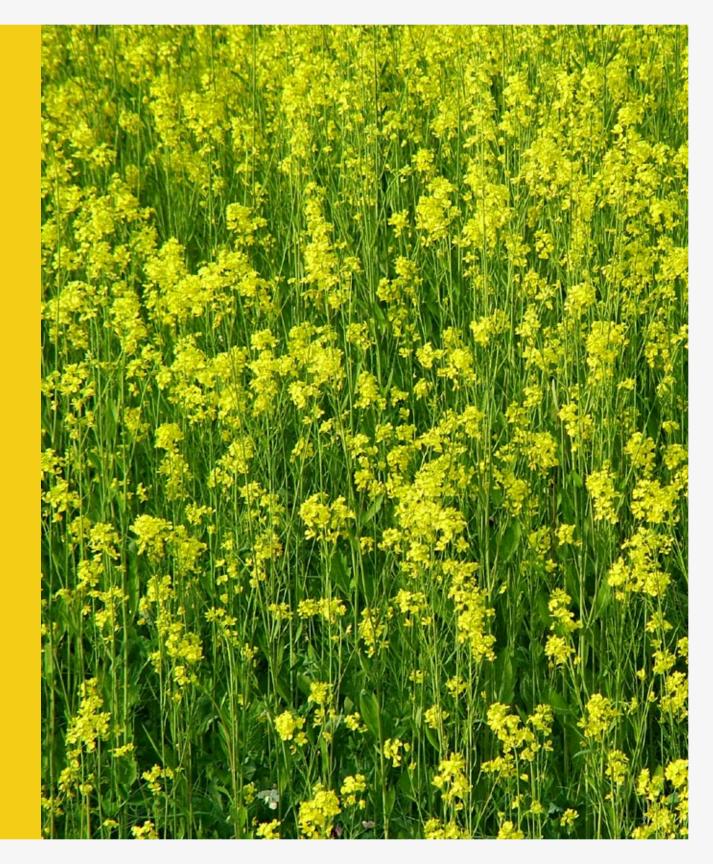
With gratitude,

Mark Arnoldy
Executive Director
e I mark@nyayahealth.org

t | @markarnoldy

We feel that Nyaya Health is a standout organization (only 10 of more than 800 organizations we have examined receive this distinction) because they provide health care in a very poor location and hold themselves to unusual standards of transparency.

GiveWell



Our Story

In 2006, then Yale medical student, Jason Andrews and his Nepali wife and filmmaker, Roshani Andrews, traveled to Nepal's neglected Far-Western region on their honeymoon to document the lives behind the HIV crisis they had heard so much about.

When they arrived, they instead found themselves in a situation of multiple crises in Achham District – where 260,000 people lived without a doctor, infrastructure was destroyed by a 10-year civil war, and families were torn apart by migration of men to India to find work. On March 26th, 2006, Jason emailed his close friends at Yale Medical School, Duncan Maru and Sanjay Basu, saying he felt "wholly compelled but completely adrift" by the devastation he had seen.

At that point, the three could have walked away from the challenges posed by this region everyone else had forgotten. They were told repeatedly that building a quality health system there wasn't possible due to lack of infrastructure, the immense poverty, the political turmoil, and for lack of precedent – no one had done it before. Yet they pushed back, determined to build an effective, durable organization rooted in the philosophy of "nyaya" or "the realization of just systems."

Their vision began to be realized in 2008, when they were joined by a global team of volunteers from Nepal,

India, and the U.S. along with Nyaya Health's Founding Medical Director from Achham, Dr. Jhapat Thapa. Together, they transformed an abandoned grain shed into a beautiful clinic operated by Nepali health care providers using a small sum of funding from friends and family.

That commitment to realization then came to define everything the organization did. And by the end of 2011, 72,017 patients had been treated, 116 Nepalis employed, and nearly \$1 million dollars of investment (\$105,000 from Nepal's Ministry of Health) had been attracted. In November 2011, Nyaya Health was distinguished by the rigorous nonprofit evaluator, GiveWell, as a standout organization for its ability to deliver care in an extremely poor region with unusual levels of transparency.

Our Model

Nyaya Health's model of change is founded on these three principles.



PARTNER WITH THE GOVERNMENT

We partner with Nepal's government at all tiers of health infrastructure – hospitals, clinics, and community health workers -- because the government provides what we call the "infrastructure for equity." Only public systems are fundamentally designed to reach the poorest of the poor. Working within that infrastructure also creates a wedge for innovations and successful programs to achieve real scale quickly throughout the entire country via replication over shared systems.

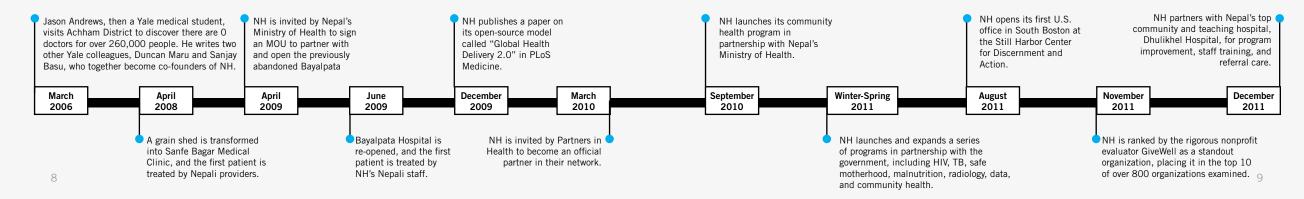
BUILD DURABILITY THROUGH NEPALI STAFF

To us, long-term durability is found in employing and training local health care providers and non-clinical staff. Our staff within Nepal is 99% Nepali, and over 80% is "hyper-local" – coming from within a 3-district radius of Achham District in Nepal's neglected Far-Western region.

USE TOOLS OF TRANSPARENCY

Our ultimate aim is to strengthen services and accountability mechanisms so rural Nepalis can receive high-quality and responsive care from their government systems. To achieve that level of accountability, we use powerful tools of transparency layered on top of government systems of management, accounting, and reporting. We publish all financial and budgetary information in line-byline formats, open impact data, and all clinical and management protocols on our public organizational wiki at wiki.nyayahealth.org

Milestones



2011 Impact Snapshot

We accomplished more to advance health care for the rural poor in Nepal in 2011 than ever before.

2011 in numbers:



30,235

Patients treated at Bayalpata Hospital



231%

Growth in funding



11,369

Patients cared for through our community health program



20

New Nepali staff members



lst

U.S. office opened



3

Academic papers published



100%

of our line by line expenditures shared



PARTNERED

with Nepal's top community hospital



BROKE GROUND

on a surgical center and the region's 1st microbiology laboratory



283,465

People reached with our website, blog, and social media

11



Programs | Bayalpata Hospital

Bayalpata Hospital was built in 1979, but remained largely abandoned for roughly 30 years before Nyaya Health was invited by the Nepali Government to renovate, operate, and manage the hospital through a unique public-private partnership.

Since opening Bayalpata Hospital in 2009, we have been committed to building the facility as a hub of excellence that is equipped and staffed to serve as both a site of clinical quality and as a robust operations base for all of Nyaya Health's activities in the country.

Much was accomplished at Bayalpata Hospital in 2011 to bring us very close to realizing that vision.



30,235

Patients treated



BROKE GROUND

on the 1st surgical center



ELECTRIFIED

the campus with 18 solar panels



FUNDED

the region's 1st microbiology laboratory



43,049

Laboratory tests performed



HIRED

20 new Nepali staff members



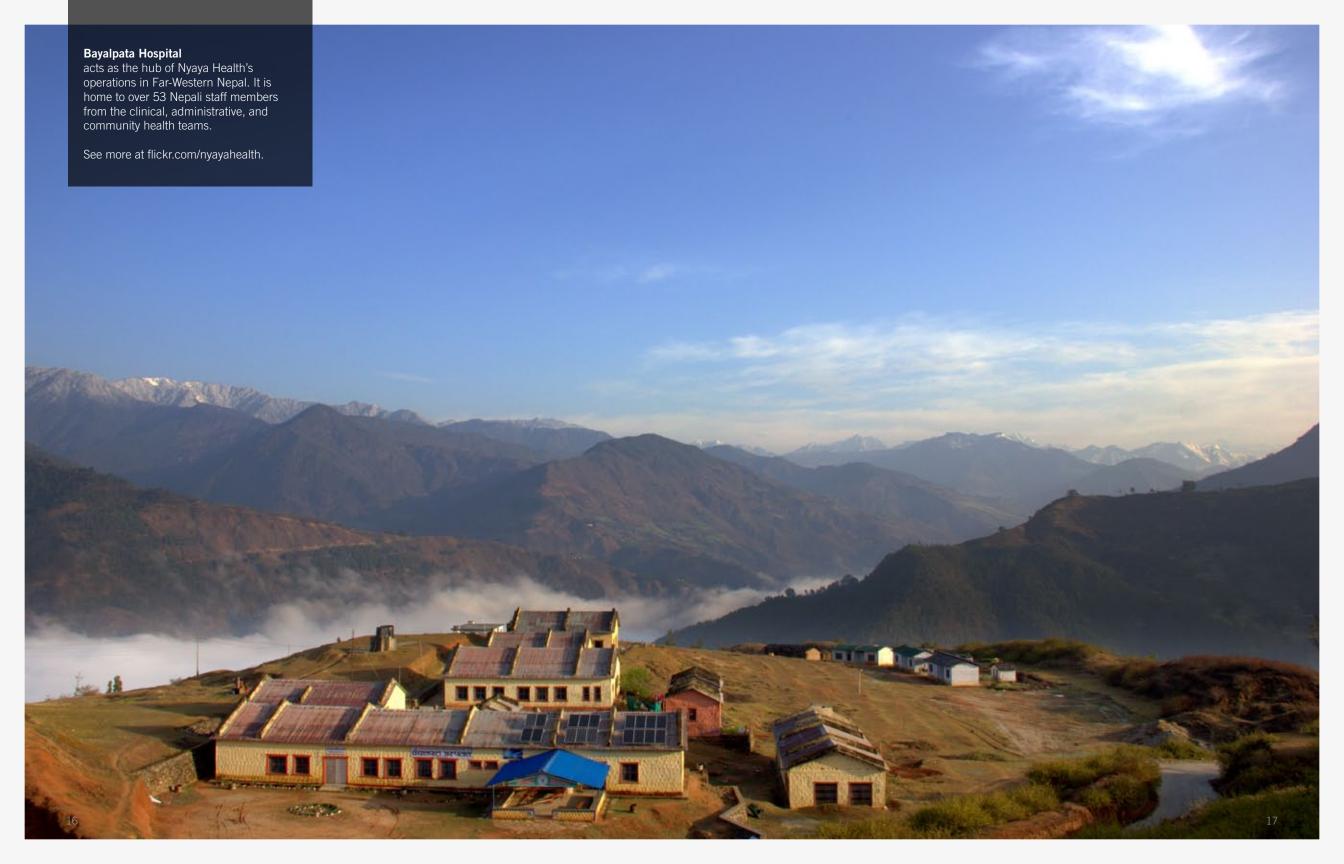
483

Ambulance referrals made



2487

X-Rays examined



Programs | Community Health

Nyaya Health's community health workers (CHWs) accompany patients across the emotional, educational, and literal distance to health in irreplaceable ways.

In 2011, Nyaya Health hired its first Director of Community Health and expanded its Community Health Program (CHP) to cover 7 villages, home to over 17,300 people. Built in formal partnership with the Nepali Government, the CHP was designed to enhance the existing Female Community Health Volunteers program in a set of strategic ways by providing performance-based payments to previously unpaid CHWs to conduct disease surveillance, report household-level data, educate patients, ensure patient referral in critical cases, and provide follow-up for patients requiring long-term care. In 2011, there were 11,369 community health encounters between CHWs and patients taking place hours away from Bayalpata Hospital.







Bayalpata Hospital

At Bayalpata Hospital, community health data is processed and reviewed by staff, trainings are performed monthly for CHWs and weekly for CHWLs, patients are identified for follow-up, and serious referral cases are provided with clinical care.

7 Community Health Worker Leaders

CHWLs act as a bridge to the CHWs, meeting with them on a weekly basis to provide training and collecting critical data on the health of villages from the home-level.

73 Community Health Workers

CHWs spend their week moving from home to home, collecting a vital set of data about patients, the spread of disease, and educating members of the community on a variety of health issues and the services made available through Nyaya Health.



How We Operate

Our operating model is defined by a partnership between U.S.-based staff and a global network of committed board members and volunteers that together act to enable our local Nepali team to deliver health care as effectively as possible. The hallmark features of our model include transparency, efficiency, and a durability achieved by employing local Nepalis to lead health care delivery.

Transparent:

100% Part 1

We fund all costs for U.S. operations separately through special donors, in-kind gifts, and volunteers so 100% of general donations go directly to Nepal.

100% Part 2

We publish 100% of our expenses in the U.S. and Nepal in line-by-line format openly on our organizational wiki to ensure transparency and accountability.

Wiki

Our wiki is a low-cost transparent model for replication and collaboration. It includes open data on operations, clinical outcomes, finances, and management protocols.

Efficient:

15,110

Volunteer hours were provided by members of our international team in the U.S. and within Nepal to keep our operations lean.

\$8.13

Average cost per patient cared for in Nepal. That's total organizational costs (including U.S) divided by our total patient treatments and community health encounters.

4%

Spent on management and fundraising. 96% went directly to our Nepal programs.

Durable:

135

Nepalis employed or provided financial incentives. Over 80% recruited within Nepal's Far-Western region.

\$105,000

Invested by the Nepali Government over the last 3 years via a planning process in partnership with the local District Health Office.

]

Office in Nepal – not in Kathmandu – but located a 36-hour bus ride away in the country's neglected Far-Western region on the campus of Bayalpata Hospital.

by a commitment to delivering high-quality health care to the poorest people in Far-Western Nepal, maintaining high standards of transparency and accountability, and building critical feedback loops to continue improving the quality of its own practice while sharing findings with providers around the world.

Dr. Paul Farmer

Connecting and Advocating

In 2011, we brought our work to the world in a variety of new ways. Here are the insights behind how we made health in Far-Western Nepal, a once neglected idea, visible to the world (directly, over 283,000 times).



Nicholas Kristof @NickKristof

RT @PeterSinger: Yale med students start a new style of NGO, saving lives in Nepal: yalemedicine.yale.edu

WEBSITE | NYAYAHEALTH.ORG

185,540 total website views in 2011

BLOG | BLOG.NYAYAHEALTH.ORG

87

Average # of countries reading the blog

49,305 blog views in 2011

WIKI | WIKI.NYAYAHEALTH.ORG

28,465 wiki views in 2011

CAUSES.COM/NYAYAHEALTH

1,544 causes members

190 causes donations

28

birthdays dedicated over causes in 2011

lst

#nov4nyaya month-long campaign completed to tile the clinical facilities at Bayalpata Hospital



FACEBOOK.COM/NYAYAHEALTH

1,066 total fb followers to date

504,598 total friends of our fans



YOUTUBE.COM/NYAYAHEALTH

14,994 youtube video views in 2011

33,482 youtube video views to date



TUMBLR.NYAYAHEALTH.ORG

08.10.2011 tumblr launch date

3960 tumblr pageloads in 2011



TWITTER | @NYAYAHEALTH

485 twitter followers

08.10.2011 twitter launch date

Our Boards

Nyaya Health is a U.S.-based 501c3 organization that partners with a sister Nepali-registered non-governmental organization by the same name, and thus the organization is governed by both an international and local pair of Boards. This structure allows us to receive focused organizational guidance and support from experienced professionals at multiple levels across the organization.

US Board of Directors

Duncan Maru, MD, PhD	Harvard Medical School
Ryan Schwarz, MD, MBA	Harvard Medical School
Dan Schwarz, MD, MPH	Harvard Medical School
Bibhav Acharya, MD	UCSF School of Medicine
Jason Andrews, MD, SM, DTM&H	Harvard Medical School
Jeff Kaplan	Deerfield Management

NEPAL Board of Directors

Position
President
Vice-President
Secretary
Treasurer
Member
Member

US Board of Advisors

Partners in Health
Mass General Hospital
Columbia University
A Child's Right
SUNY Upstate Medical University
Sherin and Lodgen LLP
Mass General Hospital
UCSF Department of Medicine

Nepal Board of Advisors

Name	Affiliation	
Kul Chandra Gautam	UN and UNICEF	
Dr. Madan Upadhyay	Institute of Medicine	
Dr. Prativa Pandey	CIWEC Clinic	
Birendra Bahadur Basnet	Buddha Air	
Shushmita Malla	GIZ	

Our Team

Our team is a tech-savvy, globally collaborative one, working together efficiently in unique ways enabled by technologies like our organizational wiki, a donated Google apps email and calendar platform, project management via Asana, Skype-enabled calling, and a file sharing information system via Dropbox. The result is a partnership between U.S.-based staff and a global network of volunteers that together act to support our local Nepali team in delivering health care as effectively and transparently as possible.



Global Team:

Our global team is lean in cost, but not in commitment. Outside of our full-time Executive Director, Nyaya Health's volunteer team donated a total of 15,110 hours in 2011 through consistent and clear support to drive our funding, communications, partnerships, administration, and data programs.

Our global team is comprised of:

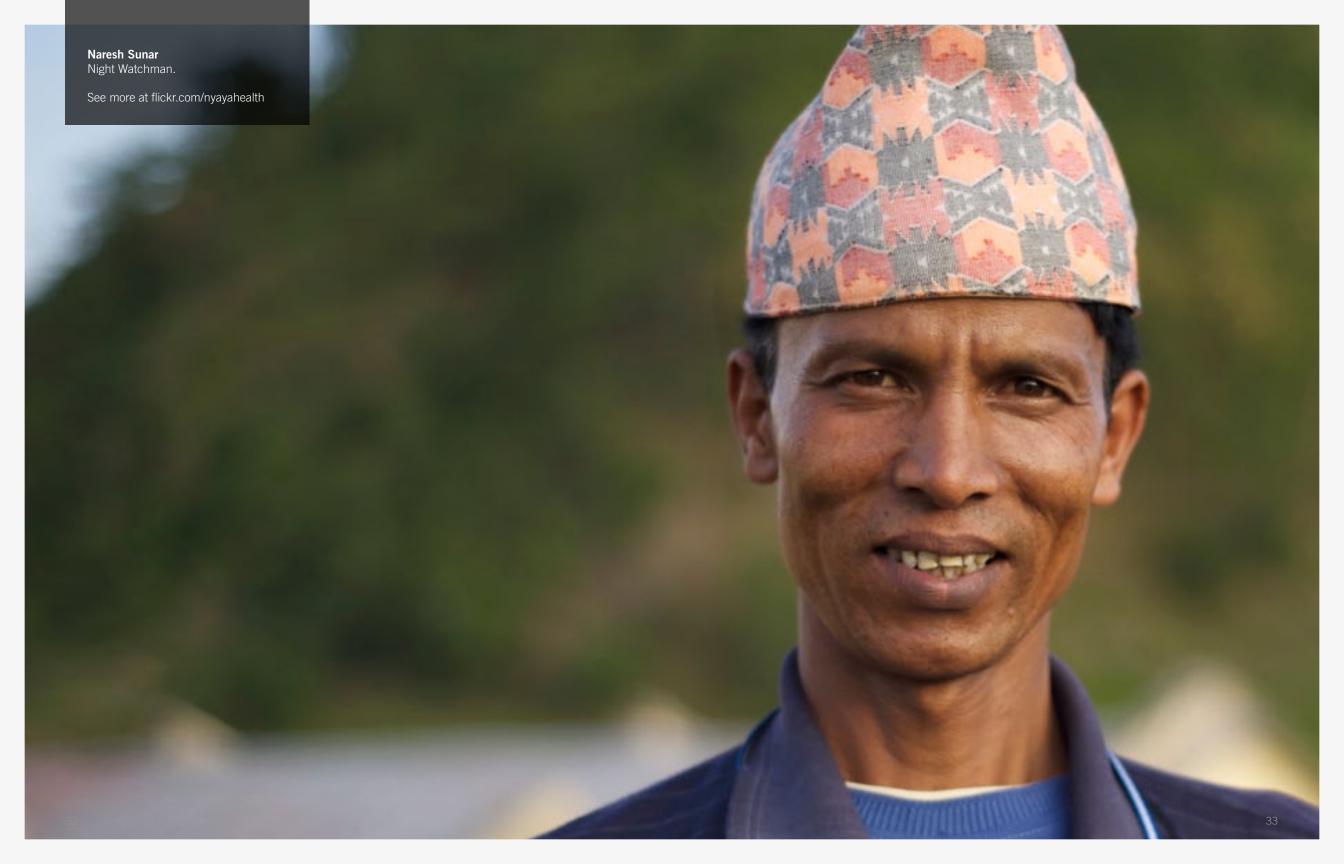
- + 1 full-time Executive Director
- + 6 member Board of Directors
- + 30 global volunteers
- + Partnered external workforces in Finance, Legal, and Human Resources

Nepal Team:

Our Nepal team is not only "local" because it is comprised of 99% Nepalis but because over 80% of those team members are truly local, recruited from within Nepal's neglected Far-Western region. This approach has made us one of the largest employers in the entire region outside the civil service sector.

Our Nepal team is composed of:

- + 1 Country Director
- + 1 Administrator in Kathmandu
- + 48 hospital-based clinical and administrative staff
- + 7 Community Health Worker Leaders
- + 73 Community Health Workers



Partners

Partnership is a core component of our operating philosophy, and thus our team is constantly at work building strategic and reliable partnerships internationally and within Nepal to advance our mission. Thank you to the individuals and organizations that partnered with us in 2011.

International

FUNDING Borgny Ween & Knut Skyberg Cents of Relief Elmo Foundation EquityEditors Assocation Google Matching Gifts Greatergood.org Help Nepal Network MEMC Foundation

Nuru Project
One Day's Wages
Philanthroper
Plato Malozemoff Foundation

Nick Simons Foundation

Pro Victimis Foundation
Prusoff Foundation

T & J Meyer Family

Foundation The Hollies

The Shelley and Donald Rubin Foundation Walk for Nepal

Watsi

IN-KIND

Abbott Laboratories
Google Adwords
Insource Services
NTEN
PBworks
QBC Diagnostics
Quidel Corporation
Salesforce Foundation
Sherin & Lodgen
Skydda
Sun Edison

Sherin & Lodgen
Skydda
Sun Edison
Suzanne Wallen
TEDMED
The Management Center
UpToDate
World Scopes
in3corp

unbounce.com

INSTITUTIONAL

Alpert Medical School at **Brown University** Brigham and Women's Hospital Center for Surgery and Public Health Children's Hospital of Boston GHD Online Globemed at Tufts University Gradian Health Systems Harvard Business School Insource Services, Inc Board Fellows Program Non-Resident Nepali Association USA Norwegian Medical Association Partners Healthcare Partners in Health Still Harbor The Giving Common of the **Boston Foundation** The Praxis Network

Tufts University MD/MPH

Yale University

Nepal

FUNDING

ChangeFusion Nepal Daya Foundation Deerwalk Institute of Technology Youth for Nepal

IN-KIND

Buddha Air
CIWEC Clinic
Dhulikhel Hospital
District Health Office,
Achham
Indian Embassy

INSTITUTIONAL

America Nepal Medical Foundation CIM Program at GIZ Dhulikhel Hospital Gangotri Rural Development Forum Geta Eye Hospital Gham Power National Center for AIDS and STD Control Nepal Ministry of Health and Population (MOHP) Nepalguni Medical College Patan Academy of Health Sciences **TEAM Hospital** The Alternative Energy Promotion Center

Our Financial Principles

2011 brought a large increase in support from around the world, and as a result, our funding grew by 231%. But our commitment to our core financial principles that have earned us a reputation as one of the most transparent and efficient organizations in Nepal has remained unchanged.

100% x 2:

We present our finances with unrivaled transparency, reporting 100% of line-by-line expenditures from both our U.S. and Nepal operations on a monthly basis via our organizational wiki. We do that because we take our role as stewards of our funders investment very seriously, and we have nothing to hide in how we use their investments to bring health care to those in rural Nepal.

Focused:

Our core focus as an organization is to deliver transparent, data-driven care to Nepal's rural poor, not to be an accounting firm. Thus, we secured a pro bono partnership with a renowned accounting organization so that we can stay focused on doing what we do best, while they help us excel in financial management by building and operating systems in the U.S. and Nepal.

Efficient:

We use money well, with 96% of our money going directly to our Nepal programs. Over 45% of that funding supports the retention of long-term, local Nepali staff that in turn invest in local economies. In 2011, our total organizational expenses (including costs in the U.S.) were \$340,486.19, and we provided 41,889 patient treatments and community health encounters. That means it costs us \$8.13 on average per patient cared for in Nepal.

Diversified Investment:

We have always believed sharing investment responsibility with a diverse set of partners is the key to sustaining our work over the long-term. From the beginning, our public-private partnership has attracted investment from Nepal's Ministry of Health, and our transparency and efficiency have attracted a balanced set of commitments from individuals, corporations, academic partnerships, and foundations.

Statement of Activities

January 1st, 2011 – December 31st, 2011.

2011 Revenue

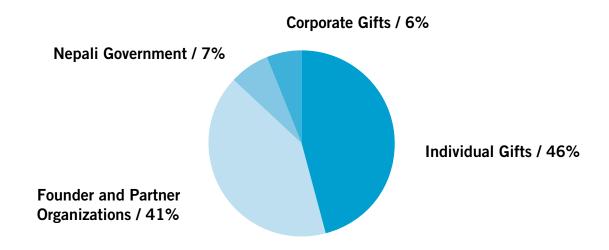
In-Kind Gifts	\$170,022.00
Total Financial	\$552,332.00
Corporate Gifts	\$33,139.92
Nepali Government	\$38,663.24
Foundations and Partner Organizations	\$226,456.12
Individual Gifts	\$254,072.72

2011 Expenditures

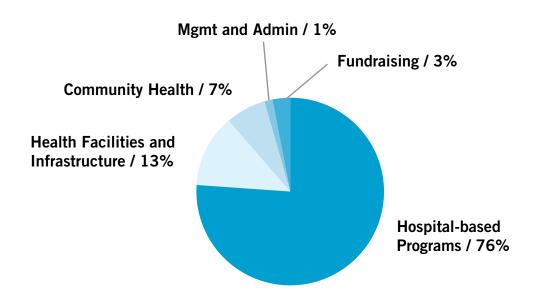
Hospital-based Programs	\$259,170.91
Health Facilities & Infrastructure	\$43,474.80
Community Health	\$22,834.30
Management & Administration	\$5,462.00
Fundraising	\$9,544.18
Total	\$340,486.19

Starting on January 1st, 2012, the Nyaya Health team made a commitment to fund its organizational growth in the U.S. separately via special donors, in-kind gifts, and volunteers to guarantee that 100% of general donations go directly to work in Nepal.

2011 Revenue



2011 Expenditures





Thank you to our incredible partners and the 369 individuals who made a total of 659 investments in delivering transparent, data-driven health care in rural Nepal in 2011.

A.J. Sonkin • Aaron Arnoldy • Aarti Sekhar • Abnita Munankarmy • Adam Hoffman • Alan Ricks • Alexander Diaz de Villalvilla • Alexander Shakow • Allison Brown • Allison Kimball • Amit Gupta • Amy Yang • Andrew & Barbara Aaron · Andrew Chang · Andrew Schran · Andy Pozzoni · Angela McCole • Angelica Ramdhari • Angie and Dan Sheedy • Anil and Hina Shah • Anil Bhattarai • Anita Singh • Ann McKnight · Ann McKnight · Annah Rene' Rasul · Anne Nhuia Shrestha · Anne Richmond · Anonymous · Anthony Pochini · Anusha Sthanunathan . Ari and Jessica Beckerman Johnson . Arpan Thaveri . Arun Shrestha . Ashava Basnyat . Ashma Shrestha . Astha KC . Audrey Provenzano . Azhar Sukri . Barb Brown • Becky Arnoldy • Becky Butler Bergmann • Ben Bergmann • Benjamin Pauli • Bernard Shore • Bhabhana Pradhan • Bharat Oza · Bhumika Piva · Bianca Nguven · Bibesh Shrestha · Bibhay Acharya • Bicram Rijal • Bijay Acharya • Bill Rogers • Borgny Ween • Brady Cromwell • Brandon Schneider • Brian Skinner · Bruce and Gael Gilmore · Bruce and Karen Randolph · Caitlin Dane • Carla Chibwesha • Carmen Jackson • Cassandra Roth • Catherine Shields • Charles Howes • Charlotte Brown · Charpentier Damien · Chikezie Eseonu · Chris Maples · Christina Mangurian • Christine Curry • Christopher M Willett

Christina Mangurian • Christine Curry • Christopher M Willett • Christopher Madson • Chuck and Barb Bennett • Colin Yee •

Connie Chen • Conor O'Phelan • Constance Niles • Cynthia West • Dan and Heidi Loprieno • Daniell Matlack • Danielle Pfaff • David Glasser • David Scales • David Whitesell • David Yamamoto Daytona Barker • Deb Dresslar • Deborah Zimmer • Derek Loren • Derrick Bass • Diane Greco • Dilli Paudel • Dinesh Ranjana Chheda • Doug Weller • Dovan Rai • Duncan Maru • Dunn Yang • E.M. Pike • Eileen McGinn • Eisha Rajbhandary • Elizabeth Perry • Emilie Croisier • Emily Bolton • Emily King • Emma Clippinger • Emma Johnson • Emma Templeton • Eric Gastfriend • Erin Beck • Erin Lyons • Eva Johansson • Evan Farber • Faye and Asghar Rastegar • Frank and Christi Ray • Frank Ray • Gerald Brown • Gerishma Kunwar • Greg and Carie Carney • Gregory Karelas • Gretchen Keppel-Aleks • Gurung Mustang • Hafsa Chaudhry • Hannah Burnett • I.R. Davidson • Ian Warthin • Indira Maru • Indrani Saran • Isaac Howley • Isha Nirola • Jack Maisel • James Goldsmith • Jane Randolph • Janet Goldberg • Janice Man • Jason Andrews • Jason Fry • Jason Pace • Jay Randolph • Jean Hane Hon • Jeff Baird • Jeff Lieberman • Jeffrey Kaplan • Jehan Ratnatunga • Jenna Sack • Jennifer Garnett • Jennifer Huntington • Jenny Chen • Jeremy Barofsky • Jerry Brown • Jess Hendricks • Jessica Peel • Jessic Wilburn • Jhapat Thapa • Jill and Tony Galante • Jill Rensch • Jim And Vickie French • Jim French • Jim Lopresti • Joan Rajbhandary • Joann & Michael Fishbein • Jodi Erickson • Johanna Mathieu • John and Deb Dresslar • John Dresslar • John Martin Derv • John Paulius • Jon Shaffer • Jordan Sloshower • Joseph R Ballou • Joseph W Harrow • Josh Beecher • Josh Brown • Joshua A Copel • Joshua M Siegel • Judith May • Judy Hall • Judy Hsu • Julia Elmer • Juliana Marci • Julie Brown • Julie C. Hayes • Julie Elizabeth • July Hall • Kabir J. Mukkadam • Kapil Mishra • Kara Guizzetti • Karen M Henley • Katrina Ligett • Kaveh Khoshnood • Kayvan Zainabadi • KC and Lisa Tomsheck • Keith Sindelar • Kelly Gibson • Kelsey Bonner • Ken Mitton • Kenneth Russell • Kim Roppo • Kim T Nguyen • Kishu Chand • Knut Skyberg • Kofi-Buaku Atsina • Kur Anyieth Kur • Laura Rogers • Lauren Graber • Lauren Nelson • Laurie Vasily • Leighton Rice • Leonard Ufumwen Edokpolo • Lev Polinsky • Linda B. Friedman • Lindsay Siegel • Lisa MacMillen • Lorien Lowe • Luna Ranjit • Maggie Waung • Marianne Heredge • Mariko Koyamatsu • Marius Klee • Marjuri Pun • Mark Arnoldy • Mark Edwards • Mark Jessan Hutchison-Quillian • Mark Lichenstein • Mark Sheinkman • Marvin Linda Scherl • Mary Galliva • Mary Hardesty • Mary Kaye Edwards • Maryem Hussein • Matt Goers • Matthew Czubacki • Matthew Tillotson • Maureen Drdak • Meenakshi Khanna • Michael Jacovides • Michael Polifka • Michael Pulifka • Michael Pul Doma Sherpa • Miranda Weinberg • Mohit Gourisaria • Mohit Shrestha • Molly Jacobson • Monica Landy • Mr. and Mrs. Matthew Bessen • Naman Shah • Namrata Adhikari Bhattarai • Nanette Magnani • Narae Ko • Natasha Archer • Neelesh Shrestha • Nicholas Dodge • Nick and Lyndie Slaughter • Nicolas Arguello • Nimit Maru • Nina Lin • Niroj Shrestha • Nutan Shrestha • Owen Thompson • Pamela Civins • Pascal Geldsetzer • Patricia Meyers • P • Peter Luckow • Pragyan Pradhan • Prajwal Dhungel • Pratik Chhetri • Prerna Khanna • Puspa Raj Bhatta • Rabindra Karki • Rachel Cohen • Raghay Krishnapriyan • Rahul Young • Raj Shrestha • Rajendra Bhattarai • Rajesh Kottamasu • Raju Bishwakarma • Rakshya Pandey • Ramnath Subbaraman • Ranjan Sitaula • Ravi Grover • Ravi Pokhrel • Rebecca Slocum • Rhoshan Shrestha •

Richard and Bonnie Katzman • Rick and Alesia Burgos • Rina Patel • Robert Gerzoff • Robert McPherson • Roberta K Rogers • Rochak Neupane • Roger Wellington-Oguri • Rolf Schreiber • Ron Powers • Ronald and Nancy Angoff • Roshani Dhungana • Ruma Raibhandari • Rvan and Jenna Sack • Rvan Biehle • Sachin Maskey • Sailen Karmacharya • Sam Baber • Samir Mohan Raut • Sana Rahim • Sandeep Dhungana • Sandhya Banskota · Sandra Shea · Sarah Esserieu · Saul Gropman · Scott Graham Taylor • Scott Van Vleet • Seth Kreimer • Seva Khambadkone • Shailesh Gongal • Shan Soe-Lin • Shanti Karanjit Ojha • Sharad Jain • Shaswat Sapkota • Shefali Oza • Sherry Fu • Shova KC • Shradha Pokharel • Shweta Gadgil • Siddhartha Sharma • Sonja Babovic • Srijana Bhattarai • Stanley Arnoldy • Stephen Holt • Stephen Morris • Steve Grace • Steven M Berger • Suruchi Shrestha • Susan Fletcher • Suzanne Loui • Suzanne Wallen • Tara Shah • Taylor Roberts • Tenzing Tekan • Theresa Doan • Thomas Dollinger • Thomas and Judith Sbarra • Thomas Mayer • Todd Wintner • Tom and Johanna Robinson • Tori Trauscht • Umang Sharma • Usha Babaria • Usha Gurung • Uttara Pratap • Veena Thomas • Vickie French • Vidhan Rana • Vladimir Dubovskiy • William Garmany • William Moninger • Yoriko Vakamura • Yugendra and Chandrakala Shia • Zhou Zhang

